

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: City of Kingston
City Hall
420 Broadway
Kingston, New York 12401

Records Access Officer

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD: **(Please be as specific as possible)**

Signature

Date

Please Print Name

Representing

Mailing Address

Phone

E-mail

NOTE: The following are fees that will charged for copies: Letter: \$.25 Legal: \$.35 11x17:\$.50
For more information on the Freedom of Information Law please visit the Department of States website at the following address

<http://www.dos.state.ny.us/coogwww.html>

For Agency Use Only

Approved _____

Denied (for the reason(s) checked below)

- ___ Confidential Disclosure
- ___ Part of Investigatory Files
- ___ Unwarranted Invasion of Personal Privacy
- ___ Record of Which This Agency is Legal Custodian Cannot Be Found
- ___ Record is not Maintained by This Agency
- ___ Exempted by Statute Other Than the Freedom of Information Act
- ___ Other (specify) _____

Signature

Title

Date

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THIS AGENCY.

Name

Business Address

WHO MUST FULLY EXPLAIN HIS REASONS FOR SUCH DENIAL IN WRITING SEVEN DAYS OF RECEIPT OF AN APPEAL.

I HEREBY APPEAL:

Signature

Date